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SECRETARY OF STATE
TALLAHASSEE, FLORING

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SUNSET	realty of browar	D INC	
DOCUMENT NUMBER:	P12000035490			
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.		
Please return all correspondenc	e concerning this ma	tter to the following:		
		Marcelin Paul		
		Name of Contact Person	1	
	SUNS	SET REALTY OF BROWA	ARD INC	
		Firm/ Company		
		2772 N UNIVERSITY I	OR .	
		Address		
	SUNRISE, FL 33322			
<del></del>	-	City/ State and Zip Cod	e	
		sunsetrealtyis@gmail.c	om	
E-n	nail address: (to be us	sed for future annual report	notification)	
For further information concern	ning this matter, pleas	se call:		
Marcelin P	aul	954 at (	de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	irtment of State:	
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SUNSET REALTY OF BROWARD INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
	P12000035490
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ocration:
	. The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
C. Enter new mailing address, if applicable:	SS 21 L
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	* 2
	3>14 01
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
Same of Sew Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	, , , , , , , , , , , , , , , , , , , ,
New Registered Agent's Signature, if changing Regist	
Thereby accept the appointment as registered agent. To	ım familiar with and accept the obligations of the position.
Signan	ure of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>P.L</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	$\underline{\mathbf{S}}\underline{\mathbf{V}}$	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	POD	MAXO MESADIEU	2772 N University Dr
Add			Sunrise, FI 33322
X Remove			
2) Change	POD	MARCELIN J PAUL	2772 N University Dr
<b>X</b> Add			Sunrise, Fl 33322
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch	ange, reclassification, o	r cancellation of issu	ed shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained	in the amendment i	tself:	
(у по цурнскоге, таксис 1924)				
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The state of the s	08/17/2017	if other than the
The date of each amendment(s) add date this document was signed.	ption;	If other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	is date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendaticient for approval.	nent(s)
	oved by the shareholders through voting groups. The following sta ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ited by the board of directors without shareholder action and share	holder
The amendment(s) was/were adoptaction was not required.	eted by the incorporators without shareholder action and shareholder	er
08/16/2017	$\Lambda$	
Dated	<del></del>	
<b>**</b> *	/' /A.	
Signature (By a dir	ector product or other officer – if directors or officers have not b	
selected.	by an incorporator - if in the hands of a receiver, trustee, or other	
appointe	d fidustary by that fiduciary)	
1	Marcelin Paul	
-	(Typed or printed name of person signing)	<del></del>
1	President	
-	(Title of person signing)	